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BACKGROUND

- In 2018, The Joint Commission created new standards for pain management, requiring hospitals to prioritize safe opioid prescribing
- The Centers for Disease Control, Centers for Medicare and Medicaid Services, and the Department of Health and Human Services, have encouraged hospital systems to implement opioid-related quality improvement programs focused on opioid safety and access to treatment for opioid use disorder (OUD)
- Despite these interventions, overdose deaths in Ohio have increased 29% within the first 6 months of 2020 compared to 2019, highlighting the urgency of implementing pain stewardship programs
- Pain stewardship programs are still new and evolving, which highlights the need for pharmacists across the country to collaborate on interventions to combat the increase in opioid prescribing, and subsequent increase in opioid deaths

Pain Stewardship Committee Components

The pain stewardship committee focuses on three main components:

Acute Pain

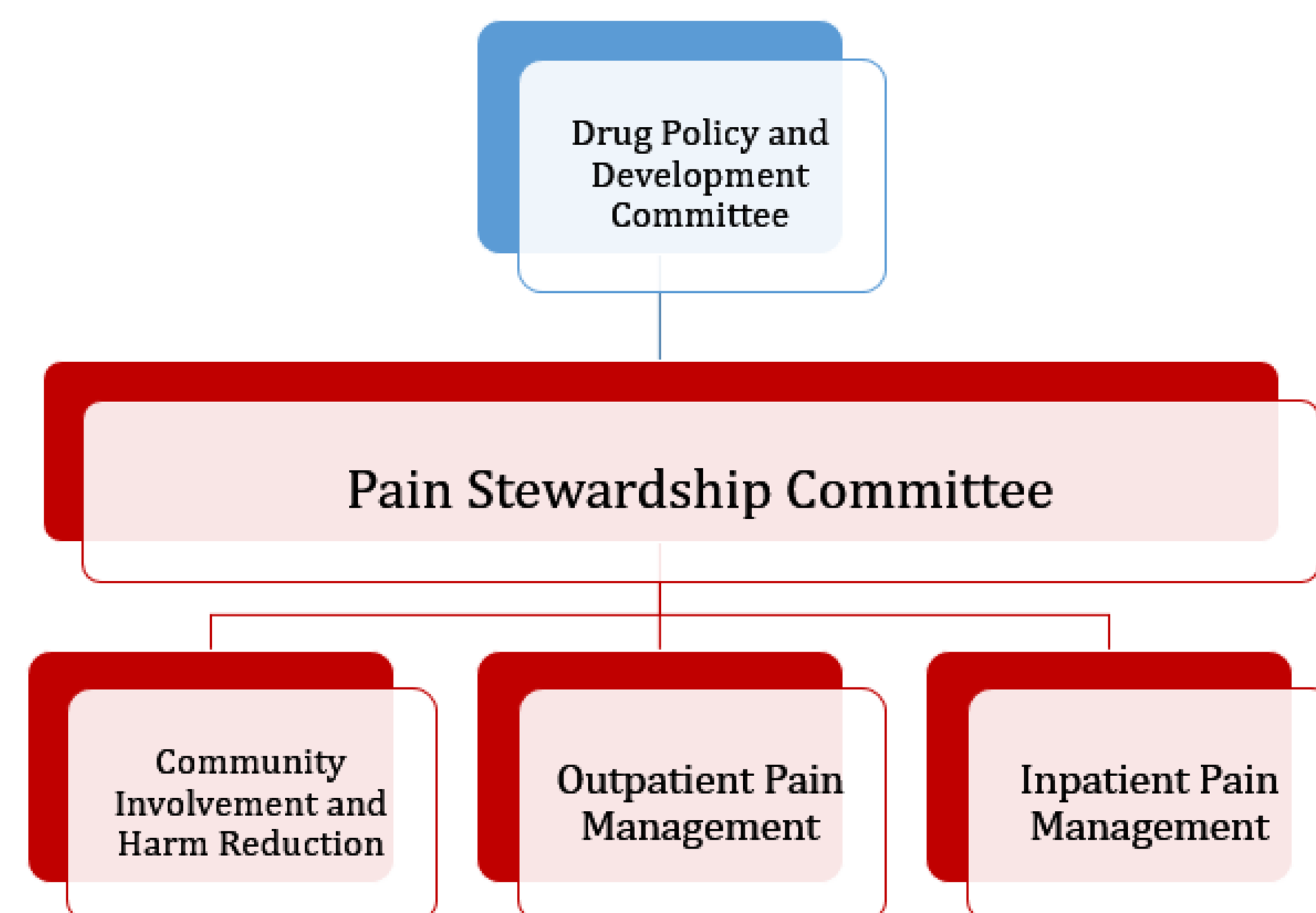
Chronic Pain

Harm Reduction

Pain Stewardship Committee Members



Pain Stewardship Committee Structure



PROJECT AIM

Acute Pain

Chronic Pain

Harm Reduction

Global Aim:

To optimize inpatient pain management, and reduce opioid related adverse effects

SMART Aim:

Reduce the average MED administered per unit and quantity of opioids prescribed for acute pain by 12.5% by December 31, 2022

Global Aim:

To optimize outpatient pain management, and reduce opioid related adverse effects

SMART Aim:

Reduce opioids prescribed with high doses (>80 MEDD) by 12.5% and increase multimodal therapy and compliance with state prescribing requirements by 12.5% by December 31, 2022

Global Aim:

To reduce opioid-related adverse events within the greater Cincinnati community

SMART Aim:

Increase naloxone prescribing and Medication for Opioid Use Disorder (MOUD) prescribing in indicated populations by 25% by December 31, 2022

PRIMARY DRIVERS

Increase Knowledge/Awareness for Patients/Providers/Community

Appropriate Prescribing During Routine Care

Accessibility to Products and Services

Data and Technology to Support Best Practices

Timely Access to Evidence-Based Care

Limiting Excess Opioids in the Community

INTERVENTIONS

Establish a multidisciplinary pain stewardship quality committee

Monitor and enforce compliance to state prescribing requirements (OARRS, naloxone, max quantity and MEDD)

Develop guidelines and educate staff

Reliable identification of patients with OUD or at risk of overdose

Patient education on treatment expectations, multimodal therapy, risks, storage and disposal of opioids

Create post-op multimodal discharge order sets

Pharmacist Tableau for inpatient prescribing

Establish inpatient pharmacy consult service

Streamline process for inpatient pain referrals

Increase access to Integrative Medicine inpatient

Create provider opioid prescribing dashboard

Pharmacist Tableau for outpatient prescribing

Establish peer-review committee

Streamline process for outpatient pain consults

Increase access to Integrative Medicine outpatient

Create BPA to increase naloxone prescribing

Expand access to DATA-waivered providers

Increase drug-disposal options

Expand community distribution of sterile needles, fentanyl test strips, and PrEP

METRICS

Acute Pain

Chronic Pain

Harm Reduction

Quantity of opioids prescribed

Percentage of patients with OUD on MOUD

Average MEDD of opioids prescribed

Percentage of patients with naloxone Rx

Average quantity of opioids for post-op Rx

Percentage of patients on ≥80 MEDD

Number of data-waivered providers

Average MEDD of opioids for post-op Rx

Percentage of patients on opioids + benzodiazepines

Number of clinics offering MOUD

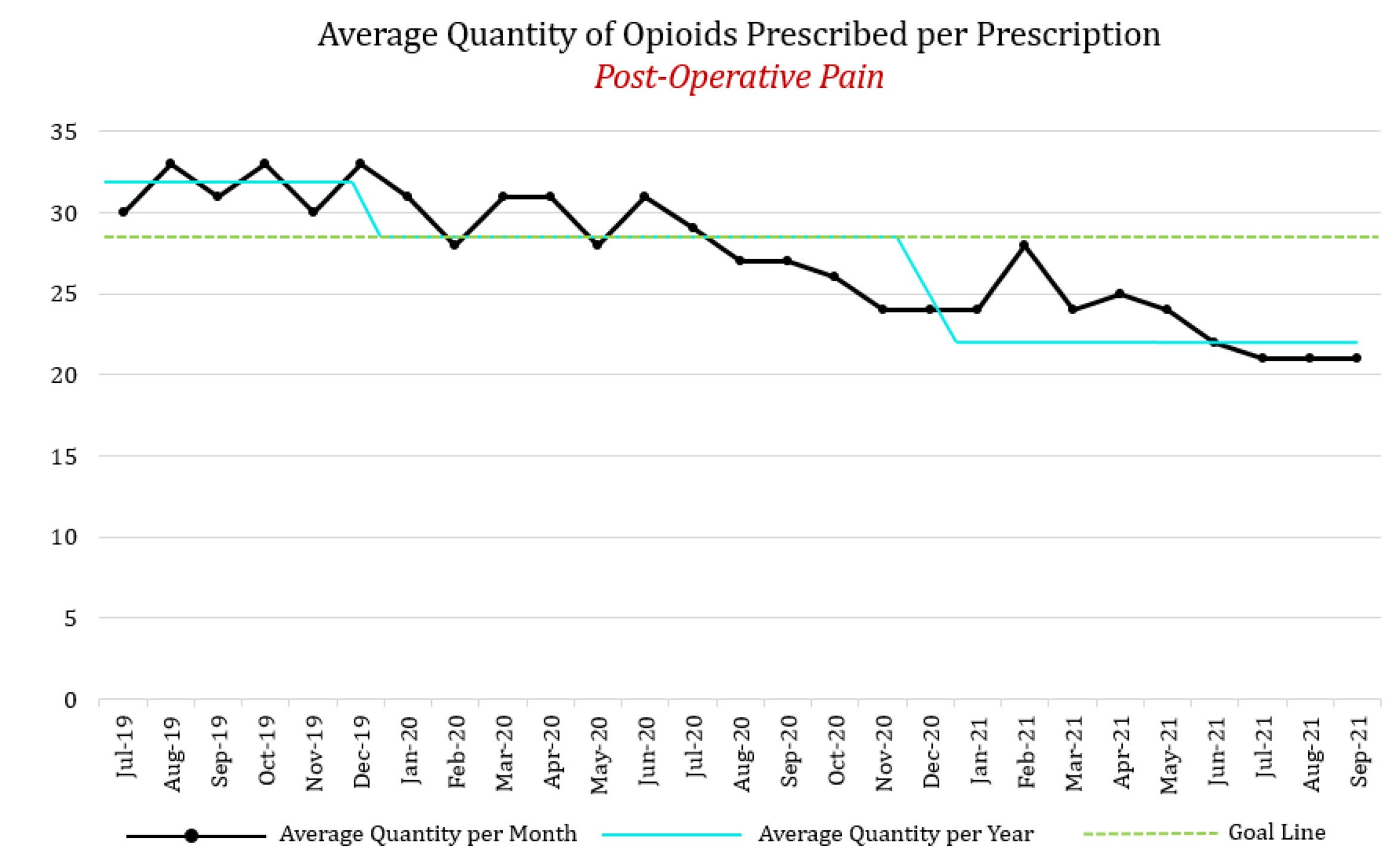
Percentage of patients receiving multimodal therapy

Percentage of patients screened for OUD

Prescriber compliance with OARRS reviews per Ohio Law

OUTCOMES

Select data from the metrics **highlighted** in the table above are presented as follows:



Total Number of Naloxone Kits Prescribed:

487

3924

	Pre-Intervention (1/5/20 to 5/31/20) (n=11,137)	Post-Intervention (1/5/21 to 5/31/21) (n=10,627)	P-Value
Patients with naloxone Rx who met criteria for prescribing	487 (4.4%)	3924 (36.9%)	<0.0001
Median MEDD Prescribed Per Patient	30 (20, 40)	30 (20, 33)	0.808
Quantity of Opioid Solid Doses Prescribed Per Prescription	30 (20, 75)	28 (12, 60)	<0.0001

Data presented as Median (IQR), or n (%)

SIGNIFICANCE

The UC Health Pain Stewardship Committee aims to improve management of acute and chronic pain, improve access to treatment for opioid use disorder, and reduce harm related to opioids within the community

DISCLOSURES

The authors of this presentation have no financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation

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